

**STATE OF MICHIGAN
JUDICIAL CIRCUIT
COUNTY****CERTIFICATE FOR INTERSTATE LIEN****CASE NO.**

Friend of the Court address

FAX no.

Telephone no.

Plaintiff name, address, and telephone no.

v

Defendant name, address, and telephone no.

1. Payer has an arrearage that exceeds the amount of periodic support payments payable for one year under the payer's support order.
2. The payer was provided notice that liens arise by operation of law and that payer's real and personal property may be encumbered or seized if the threshold arrearage is met.

I certify that the above statements are true.

Date_____
Signature_____
Name (print or type)_____
Title (print or type)